

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John C. Dalton M.D.**

Mailing Address 110 29th Ave. N.  
Suite 301

City State Zip Code  
Nashville TN 37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Phymed Healthcare Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 05 / 2015

**Transaction ID : C3110831**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Juan A. Damiani M.D.**

Mailing Address 14101 Clear Water Ln

City State Zip Code  
Fort Myers FL 33907-8099

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USAP

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2015

**Transaction ID : C3179125**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. James F Dana M.D.**

Mailing Address 88 McGregor St Ste 303  
Suite 1400

City State Zip Code  
Manchester NH 03102-3734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANESTH CARE GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2015

**Transaction ID : C3183469**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00